1-00000012292

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Scoretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000052950 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4003

Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255
Phone : (305)541-3694 Fax Number : (305)541-3770

LIMITED LIABILITY COMPANY

PALM REALTY VENTURES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

ني 10/6/00 12:37 PM

l of 2

P.01/04 202 24I 3570

EMPIRE CORP

OC1-00-5000 14:25



H00000052950 ARTICLES OF ORGANIZATION

FOR

PALM REALTY VENTURES, LLC

ARTICLE I. - NAME

The name of this Limited Liability Company ("Company") shall be:

PALM REALTY VENTURES, LLC

ARTICLE II. - ADDRESS

The mailing address of the Company is: c/o Pedro A. Martin, Esq., Greenberg Traurig, P.A., 1221 Brickell Avenue, Suite 2100, Miami, Florida 33131.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by its Manager; the name and address of such Manage is:

Name:

Tamara J. Fisher

Address:

164 Seminole Avenue

Palm Beach, Florida 33480

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

H00000052950

P.02/04 202 24I 3570

EMPIRE CORP

OC1-09-2000 14:52

H00000052950

ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

THE PARTY HERETO HAS EXECUTED THESE ARTICLES OF ORGANIZATION AS OF THE 5TH DAY OF OCTOBER, 2000

Signature of a member or an authorized representative of a member.

H00000052950

-2-

Miami/p92n011.DOC

P.03704 302 241 3570

EMPIRE CORP

OCT-09-2000 14:52

H00000052950

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the limited liability company is: PALM REALTY VENTURES, LLC 1.
- 2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN, ESO.

Greenberg, Traurig, P.A. 1221 Brickell Avenue, Suite 2100 Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131 CITY, STATE AND ZIP

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

H00000052950

-3-

202 241 3770 P.04/04

EMPIRE CORP

Miami/p92n01!-DOC OCT-09-2000 14:52

DOCUMENT # L00000012292 1. Entity Name PALM REALTY VENTURES, LLC				FILED 01 APR 10 AM 8: 37					
Principal Place of Business Mailing Address % PEDRO A. MARTIN. ESO./GREENBERG TRAURIG 1221 BRICKELL AVENUE. SUITE 2100 MIAMI FL 33131 MIAMI FL 33131		ESO./GREENBERG TRAURIG JE. SUITE 2100			SECRETAR TALLAHASS				
2. Principal Place	e of Business	3. Mailing Address			┥ '	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	 		15110 (161 100
Suite, Apt. #, e	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	City & State City & State			4. FEI No	ımber			plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certific	cate of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent		Name	7. Name	and Address of New Re	gistered Ag	ent	
MARTIN, PEDRO A ESQ. Street Addr				s (P.O. Box Number is Not Acceptable)					
GREENBERG, TRAURIG P.A. 1221 BRICKELL AVENUE, SUITE 2100									
MIAMI FL 33131 City		City		<u></u>	FL	Zip Code	9		
8. The above nar	med entity submits this statement for	r the purpose of changing its	s registere	ed office or regis	stered agent, o	r both, in the State of Flor	ida.		
,	·	Make Check P	ayable t	FEE IS \$50.0 o Departmen					
9.	MANAGING MEMBE	ERS/MEMBERS	10.			ADDITIONS/		Change	Addition
NAME F STREET ADDRESS 1	IGH ISHER, TAMARA J 64 SEMINOLE AVENUE PALM BEACH FL 33480	Delete	NAM STRE	1			·		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
		☐ Detete	TITLE NAM STRE	ŀ		1000040		□ Change 3-4-1 - 130(□ Addition 4 010
NAME STREET ADDRESS				-ST-ZIP		-04/20/	/U1~~U1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY TITLE NAM STRE	E ET ADDRESS	-	-04/20/ ******	701~~01 50.00	Change	Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	<u>-</u>	☐ Delete	CITY TITLE NAM STRE CITY TITLE NAM STRE	E EET ADDRESS -SY-ZIP		-04/20, *****	50.00	Change	Addition

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am[§] Secretary of State DOCUMENT # L0000012292 05-20-2002 90257 012 ****50.00 PALM REALTY VENTURES, LLC Principal Place of Business Mailing Address % PEDRO A. MARTIN. ESQ./GREENBERG TRAURIG 1221 BRICKELL AVENUE. SUITE 2100 % PEDRO A. MARTIN. ESO./GREENBERG TRAURIG B0102527 1221 BRICKELL AVENUE. SUITE 2100 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number · City & State APPLIED FOR Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired .7. Name and Address of New Registered Agent - ---- 6. Name and Address of Current Registered Agent __ MARTIN, PEDRO A ESQ. Street Address (P.O. Box Number is Not Acceptable) GREENBERG, TRAURIG P.A. 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ! (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Ÿ Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition (9/01 ☐ Detete TITLE FISHER, TAMARA J NAME NAME CR2E083 STREET ADDRESS 164 SEMINOLE AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480 Channe ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ___ ☐-Change* *** ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. ଅ/୪ SIGNATURE:

FILED

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Feb 10, 2003 8:00 am **Secretary of State** DOCUMENT # L0000012292 02-10-2003 90105 029 ****50.00 PALM REALTY VENTURES, LLC Principal Place of Business Mailing Address PEDRO A. MARTIN. ESQ./GREENBERG TRAURIG PEDRO A. MARTIN. ESQ./GREENBERG TRAURIG 1221 BRICKELL AVENUE. SUITE 2100 MIAMI FL 33131 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent بالدور والمشامعين أتماء MARTIN, PEDRO A ESQ. Street Address (P.O. Box Number is Not Acceptable) GREENBERG, TRAURIG P.A. 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition ☐ Change MGR ☐ Delete TITLE TITLE FISHER, TAMARA J NAME NAME STREET ADDRESS 164 SEMINOLE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33480 ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: